

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darlington Amadasee
 P O Box 6263
 Cincinnati, Ohio
 45202

2. Article Number
 (Transfer fr) 7001 2510 0008 6348 6861

PS Form 3811, August 2004

Domestic Return Receipt

Date Dec 70 OCT 27 2004 1029502M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

CINCINNATI OH
OCT 07 2004D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input checked="" type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes